



PTO/SB/17 (10-04)  
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<b>FEE TRANSMITTAL</b> <b>for FY 2005</b> <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>				<b>Complete if Known</b>																																																																																																																																																																																																																																															
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div><div><b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>1,770.00</b></div></div>				Application Number		09/867,856-Conf. #9007																																																																																																																																																																																																																																													
				Filing Date		May 30, 2001																																																																																																																																																																																																																																													
				First Named Inventor		Koji Hattori																																																																																																																																																																																																																																													
				Examiner Name		C. N. Lopez																																																																																																																																																																																																																																													
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				Attorney Docket No.		M1071.1358																																																																																																																																																																																																																																													
<b>METHOD OF PAYMENT</b> (check all that apply) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</div><div>Deposit Account: Deposit Account Number: <b>50-2215</b> Deposit Account Name: <b>Dickstein Shapiro Morin &amp; Oshinsky LLP</b></div></div> <p>The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>				<b>FEE CALCULATION</b> (continued)																																																																																																																																																																																																																																															
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